

FAX COVER SHEET (This page should be returned to us with your completed financial analysis form)

****PLEASE INCLUDE THE ACCOUNT NUMBER ON EVERY PAGE OF YOUR RETURNED PACKAGE****

To: Loss Mitigation

From:

Account Number(s)

0601856320

Fax to: 1-866-709-4744

or mail to: Loss Mitigation

233 Gibraltar Road Suite 600

Horsham PA 19044

ALL of the following information must be completed and returned to determine eligibility:

- ☒ Financial Analysis Form/Information for Government Monitoring Purposes
- ☒ A signed and dated Dodd-Frank Certification
- ☒ A signed and dated Acknowledgement and Agreement
- ☒ A signed and dated IRS Form 4506T-EZ (Request for Transcript of Tax Return). Borrowers who filed their tax returns jointly may send in one IRS Form 4506T-EZ signed and dated by both the joint filers. This form is required even if you have not filed or are not required to file tax returns.
- ☒ Documentation confirming occupancy – for example, a recent utility bill in your name at the property address.
- ☒ Documentation verifying expenses for Homeowners or Condominium Association Dues for condominiums and Co Ops. (if applicable)
- ☒ Documentation to verify all of the income of each borrower. Please see the chart below for the type of documentation required for each type of income.

IMPORTANT NOTICE

We understand that you filed for bankruptcy and have received a discharge under Chapter 7 of the United States Bankruptcy Code. You are not personally obligated to repay the mortgage loan referenced above and we are not attempting to collect any debt from you. Signing the Workout Plan will not make you personally liable for the mortgage loan, however, it will enable us to accept and apply voluntary payments which are different from what was required under your Note prior to discharge in bankruptcy. [GMAC Mortgage, LLC/Homecomings Financial, LLC] will continue to retain its lien on the above-referenced property, along with all rights to enforce such lien against the property. Your payments pursuant to the Workout Plan will reduce the amount of the lien.

The information requested in this workout application is necessary to determine your eligibility for a loan modification or repayment agreement under both government and non-government loan modification and repayment programs, and should you be eligible, to enable us to best serve you in modifying your loan should you choose to make voluntary payments to reduce the balance of the lien.

TYPE OF INCOME	DOCUMENTATION REQUIRED
Paid by an employer or short term disability	<input type="checkbox"/> Copy of two most recent pay stubs from your employer including year to date information. Pay stubs cannot be more than 90 days old.
Self employed or receive a 1099 form	<input type="checkbox"/> Copy of most recent quarterly or year-to-date Profit and Loss statement See Exhibit A for a sample of a 3 Month Self Employment Income Statement (Profit and Loss Form) AND <input type="checkbox"/> Copies of two most recent bank statements. Bank statements cannot be over 90 days old. AND <input type="checkbox"/> Copy of the most recent federal tax return with all schedules, including Schedule E-Supplemental Income and Loss.
Child support or alimony*	<input type="checkbox"/> Copy of divorce decree, separation agreement, or other legal written agreement filed with the court that shows the amount of the award and period of time over which it will be received AND <input type="checkbox"/> Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of child support or alimony. Bank statements cannot be over 90 days old.
Social Security, disability, death benefits, or pension	<input checked="" type="checkbox"/> Copy of benefits statement or letter from the provider that states the amount and frequency of the benefit. AND <input checked="" type="checkbox"/> Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of benefit income. Bank statements cannot be over 90 days old.
Other earned income (i.e. bonus, commission, housing allowance, and/or tips)	<input type="checkbox"/> Copy of third party documentation describing the nature of the income (i.e. an employment contract and/or printouts documenting tips) and indicating the income is not a one time payout.
Rental income from an investment property	<input type="checkbox"/> Copy of the most recent federal tax return with all schedules, including Schedule E-Supplemental Income and Loss. AND <input type="checkbox"/> Current lease agreement for the subject property. AND <input type="checkbox"/> Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of income. Bank statements cannot be over 90 days old. See Exhibit B for a sample of an Investment Property Schedule.
Rental income from room rental of the primary residence	<input type="checkbox"/> Copy of current lease agreement. AND <input type="checkbox"/> Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of income. Bank statements cannot be over 90 days old.
Unemployment	<input type="checkbox"/> Copy of a benefits statement or letter from the provider that states the amount, frequency, and duration of the benefit. Benefit must continue for at least 9 months to be considered. AND <input type="checkbox"/> Documentation must show receipt unemployment benefits have begun or will begin within 60 days.
Other income (investment, interest, dividends, etc.)	<input type="checkbox"/> Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of income. Bank statements cannot be over 90 days old.
Income not specified above <i>Mother lives with me + contributes</i>	<input checked="" type="checkbox"/> Signed letter from the person(s) that contributes the income showing the amount and frequency of the income. AND <input checked="" type="checkbox"/> Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of income. Bank statements cannot be over 90 days old.

*You are not required to disclose Child Support, Alimony, or Separate Maintenance income, unless you choose to have it considered.

If you want to sell this property, please also include:

- ☐ Copy of the listing agreement
- ☐ Copy of the sales contract, if available
- ☐ Copy of the estimated Settlement Statement (HUD1), if available
- ☐ Signed Third Party Authorization Form



To ensure your request is processed without delay, it is important that you provide a complete package including all the supporting documentation and required signatures. You **MUST** sign all of the Acknowledgements and Agreements in this form. If you are unable to provide all the requested supporting documentation, please submit with the information you have available and we will provide a knowledgeable agent to assist you in compiling any missing documentation and guide you through the process.

FINANCIAL ANALYSIS FORM

Account Number 0601856320

BORROWER		CO-BORROWER	
Borrower's Name DIANE WALKER		Co-Borrower's Name	
Social Security Number [REDACTED]	Date of Birth 09-14-1956	Social Security Number	Date of Birth
Home Phone Number With Area Code 404 537 7644		Home Phone Number With Area Code	
Cell or Work Number With Area Code 404 453 8000		Cell or Work Number With Area Code	
Email Address dwalk452002@yahoo.com		Email Address	
Mailing Address 240 Fairbrook LN Stockbridge GA 30281			
Property Address (If Same As Mailing Address, Write Same) SAME			
I want to: <input checked="" type="checkbox"/> Keep the Property <input type="checkbox"/> Sell the Property		The property is my: <input checked="" type="checkbox"/> Primary Residence <input type="checkbox"/> Second Home <input type="checkbox"/> Investment	
The property is: <input checked="" type="checkbox"/> Owner Occupied <input type="checkbox"/> Renter occupied <input type="checkbox"/> Vacant If Owner Occupied, include a recent utility bill in your name at the property address. If Renter Occupied, include a copy of the current lease agreement.			
Is the property listed for sale? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date listed: _____ For Sale by Owner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agent's Name: _____ Agent's Phone Number: _____ Have you received an offer on the property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date of offer _____ Amount of Offer \$ _____		Have you contacted a credit-counseling agency for help? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please complete counselor contact information below. Counselor's Name: _____ Counselor's Phone Number: _____ Counselor's Email: _____	
Who pays the Real Estate Tax bill on your property? Are the taxes current? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Condo or HOA Fee <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No Paid to: _____ Address of paid to: _____		Who pays the hazard insurance policy for your property? Is the policy current? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of People in the Household 2			
Have you filed for bankruptcy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 Filing Date: 1/4/11 Bankruptcy Case Number: 11-50654-JB District and State: _____ Has your bankruptcy been discharged? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If so, please provide the date of discharge and a copy of the discharge order 3/10/11 Do you have a bankruptcy case currently pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If there are additional Liens/Mortgages or Judgments on this property, please name the person(s), company or firm and their telephone numbers. Lien Holder's Name/Service Balance Contact Number Loan Number			

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

If applying for the Making Home Affordable Modification Program we encourage you to provide the following, however this is not a requirement of other modification programs. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person.

BORROWER	<input type="checkbox"/> I do not wish to furnish this information	CO-BORROWER	<input type="checkbox"/> I do not wish to furnish this information
Ethnicity: Hispanic	<input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Not Hispanic or Latino	Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Not Hispanic or Latino
Race: Black	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input checked="" type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Race: N/A	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Sex: Female	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male

INFORMATION REGARDING MILITARY SERVICE MEMBERS

Please check here if you or a family member is on active duty with our military. You may be eligible for benefits and protection under the Service members Civil Relief Act "SCRA".

☐



FINANCIAL ANALYSIS FORM (Continued)

Account Number

0601856320

INCOME/EXPENSES FOR HOUSEHOLD

1 - Monthly Household Income			2 - Household Assets		3 - Monthly Household Expenses/Debt	
	Borrower 1	Borrower 2				
Gross Salary/Wages Gross salary/wages = total monthly income before any tax withholding or employer deductions.	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Unemployed	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed	Estimated Value of this property	\$ 80,000	First Mortgage Payment	\$ 900
	Income Frequency: <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly <input type="checkbox"/> 1 st & 15 th / 15 th & 30 th <input type="checkbox"/> Other	Income Frequency: <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly <input type="checkbox"/> 1 st & 15 th / 15 th & 30 th <input type="checkbox"/> Other	Estimated Value of Other Real Estate Owned	\$ 0	Alimony Payment	\$ 0
			Checking Account(s) Balance	\$ 0	Child Support Payment	\$ 0
			Saving Account(s)/Money Market Balance	\$ 0	Dependent Care Payment	\$ 0
			Life Insurance Cash Value	\$ 0	Liens/Rents	\$ 0
			IRA/Keogh Account(s) Balance	\$ 0	Other Mortgages	\$ 0
			401K/ESOP Account(s) Balance	\$ 0	Personal Loans/Student Loans	\$ 0 in default
			Stocks/Bonds/CDs Balance	\$ 0	Auto Loans/Lease	\$ 0
			Other Investments	\$ 0	Auto Expenses	\$ 180
			Auto Insurance	\$ 48		
Medical Expenses	\$ 0					
Medical Insurance	\$ 0					
HOA/Condo Fees	\$ 0					
Credit Card(s) / Installment Loans	\$ 0					
Food/Household Supplies	\$ 200					
Spending Money	\$ 0					
Utilities/Water/Sewer/Phone(s)/Cable	\$ 400					
Donations	\$ 0					
Property Taxes (If not escrowed and included in your current mortgage payment)	\$ 0					
Insurance - Hazard, wind, flood etc (If not escrowed and included in your current mortgage payment)	\$ 0					
Other	\$ 0					
Total Income (Gross)	\$ 2276	\$ 0	Total Assets	\$ 80,000	Total Debt/Expenses	\$ 1778

**** ALL INCOME MUST BE DOCUMENTED ****

Include combined expenses from the borrower and co-borrower (if any).

If you include income and expenses from a household member who is not a borrower, please specify using a separate page if necessary.

*You are not required to disclose Child Support, Alimony or Separation Maintenance income, unless you choose to have it considered by your servicer.

If additional space is needed, please include an additional page.

HARDSHIP AFFIDAVIT

I am having difficulty making my monthly payment because of financial difficulties created by (Please check all that apply):

<input type="checkbox"/> Borrower Death	<input checked="" type="checkbox"/> Reduction of Income	<input type="checkbox"/> Military Service	<input checked="" type="checkbox"/> Payment Adjustment
<input type="checkbox"/> Illness of Borrower	<input checked="" type="checkbox"/> Excessive Financial Obligations (Examples may be large medical bills, credit card debt, or college tuition payments)	<input checked="" type="checkbox"/> Unemployment	<input type="checkbox"/> Ownership Transfer is Pending (If the home is in the process of being sold)
<input checked="" type="checkbox"/> Illness of Family Member	<input type="checkbox"/> Property Problem (Anything that may be defective about the property such as a costly repair that needs to be made)	<input type="checkbox"/> Business Failure (Examples would be loss of business income)	<input type="checkbox"/> Tenant not Paying
<input type="checkbox"/> Death of Family Member	<input type="checkbox"/> Inability to Sell Property	<input checked="" type="checkbox"/> Bankruptcy Filed	<input type="checkbox"/> Incarceration (Sentenced to a city, county, state, or federal jail)
<input checked="" type="checkbox"/> Marital Difficulties (Examples include going through a legal separation or filing for divorce)	<input type="checkbox"/> Inability to Rent Property	<input type="checkbox"/> Casualty Loss (Unexpected event such as hurricane, flood, or earthquake that damages the property)	
<input checked="" type="checkbox"/> Other			

Explanation (Required):

Retired early to care for husband with Parkinson Disease then shockingly he

If additional space is needed for Explanation, please include an additional page. Filed for divorce and moved in with his daughter



Dodd-Frank Certification

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). **You are required to furnish this information.** The law provides that no person shall be eligible to begin receiving assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 *et seq.*), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud, or forgery, (B) money laundering or (C) tax evasion.

I/we certify under penalty of perjury that I/we have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:

- (a) felony larceny, theft, fraud, or forgery,
- (b) money laundering or
- (c) tax evasion.

I/we understand that the servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law.

This Certificate is effective on the earlier of the date listed below or the date received by your servicer.

DIANE M WALKER

RONNIE E WALKER

Borrower Signature

Date

Co-Borrower Signature

Date

Diane M Walker 3/26/12

W/A



ACKNOWLEDGEMENT AND AGREEMENT

Account Number 0601856320

In making this request for consideration to review my loan terms I/We certify under penalty of perjury:

- 1 That all of the information in this document is truthful and the event(s) identified is/are the reason that I/we need to request a modification of the terms of my/our mortgage loan, short sale or deed-in-lieu of foreclosure.
- 2 I/we understand that the Servicer, the U.S. Department of the Treasury, owner or guarantor of my mortgage, or its agents may investigate the accuracy of my/our statements and/or may require me/us to provide supporting documentation. I/we also understand that knowingly submitting false information may violate Federal law.
- 3 I/we understand the Servicer will obtain a current credit report on all borrowers obligated on the Note.
- 4 I/we understand that if I/we have intentionally defaulted on my/our existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this document, the Servicer may cancel any Agreement under Making Home Affordable or any mortgage relief granted and may pursue foreclosure on my/our home.
- 5 I/we understand any fee to validate the value of the property will be assessed to the account.
- 6 I/we have not received a condemnation notice; and there has been no change in the ownership of the Property since I/we signed the documents for the mortgage that I/we want to modify.
- 7 I/we certify that I/we will obtain credit counseling if it is determined that my/our financial hardship is related to excessive debt. For purposes of the Making Home Affordable program, "excessive debt" means that my/our debt-to-income ratio after the modification would be greater than or equal to 55%.
- 8 If I am eligible for a trial period plan, repayment plan, or forbearance plan, and I accept and agree to all terms of such plan, I also agree that the terms of the Acknowledgment and Agreement are incorporated into such plan by reference as if set forth in such plan in full. My first timely payment following my Servicer's determination and notification of my eligibility or prequalification for a trial period plan, repayment plan, or forbearance plan (when applicable) will serve as acceptance of the terms set forth in the notice sent to me that sets forth the terms and conditions of the trial period plan, repayment plan, or forbearance plan.
- 9 I/we agree that when the Servicer accepts and posts a payment during the term of any repayment plan, trial period plan, or forbearance plan it will be without prejudice to, and will not be deemed a waiver of, the acceleration of my loan or foreclosure action and related activities and shall not constitute a cure of my default under my loan unless such payments are sufficient to completely cure my entire default under my loan.
- 10 I/we am willing to provide all requested documents and to respond to all Servicer questions in a timely manner.
- 11 I/we understand that the Servicer will use the information in this document to evaluate my/our eligibility for a loan modification or short sale or deed-in-lieu of foreclosure, but the Servicer is not obligated to offer me/us assistance based solely on the statements in this document.
- 12 I/we agree that any prior waiver as to payment of escrow items in connection with my/our loan has been revoked.
- 13 I/we agree to the establishment of an escrow account and the payment of escrow items if an escrow account never existed on the loan.
- 14 I/we understand that the Servicer will collect and record personal information, including, but not limited to, my/our name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I/we understand and consent to the disclosure of my/our personal information and the terms of any Making Home Affordable Agreement by Servicer to (a) the U.S. Department of the Treasury, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan; (c) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my/our first lien or subordinate lien (if applicable) mortgage loan(s); (d) companies that perform support services in conjunction with Making Home Affordable; and (e) any HUD certified housing counselor.
- 15 I/we agree that to be considered for the Making Home Affordable program, or any other program, all required documentation must be received no later than 7 business days prior to the scheduled foreclosure sale date. If the property is in the state of Florida, a complete package must be received 30 days prior to the scheduled foreclosure sale date.
- 16 NOTICE TO TEXAS BORROWERS: If the loan you are requesting to modify is a Texas Home Equity Loan or Line of Credit, your loan does not qualify to be modified. However, please proceed with submitting your financial information so that we can examine your financial situation and determine if there is a repayment program available to you in order to prevent foreclosure.
- 17 I/we understand the Servicer will not refer the account to foreclosure or conduct the foreclosure sale if already referred, while it is being reviewed for the Making Home Affordable program unless required by your investor. The review will not begin until all required documentation is received.
- 18 I/we consent to being contacted concerning this request for mortgage assistance at any cellular or mobile telephone number I have provided to the Lender. This includes text messages and telephone calls to my cellular or mobile telephone.
- 19 ☒ My/Our property is owner occupied; I/we intend to reside in this property for the next twelve months.
- 20 ☐ My/Our property is not owner occupied.
- 20 I/we further understand that I/we will not be personally obligated to repay the mortgage loan and that the Servicer is not attempting to collect any debt from me/us. Signing this Agreement will not make me/us personally liable for the mortgage loan. I/we understand that the Servicer will continue to retain its lien on the Property, along with all rights to enforce such lien against the Property. Whether I/we choose to make voluntary payments in the amount of the original monthly payment as set forth in the Note or the modified monthly payments as set forth in this Agreement, such payments will reduce the amount of the lien.

888-995-HOPETM
 Homeowner's HOPE Hotline

Diane Walker 3/26/12
 Borrower Signature Date

N/A *N/A*
 Co-Borrower Signature Date



To ensure your request is processed without delay, it is important that you provide a complete package including all the supporting documentation and required signatures. You MUST sign all of the Acknowledgements and Agreements in this form. If you are unable to provide all the requested supporting documentation, you must sign the application with the information you have available and we will provide a knowledgeable agent to assist you in compiling any missing documentation and guide you through the process.

If you have questions about this document or the modification process, please call us at the phone number listed on your monthly account statement. If you need further counseling, you can call the Homeowner's HOPETM Hotline at 1-888-995-HOPE (4673). The Hotline can help with questions about the program and offers free HUD-certified counseling services in English and Spanish.

NOTICE TO BORROWERS

Be advised that you are signing the following documents under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy in your home, hardship circumstances, and/or income will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution.

By signing the enclosed documents you certify, represent and agree that:

"Under penalty of perjury, all documents and information I have provided to Lender in connection with this Agreement, including the documents and information regarding my eligibility for the program, are true and correct."

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-622-4559 (fax), or www.sigtar.gov. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.





Form **4506T-EZ**

(October 2009)

Department of the Treasury
Internal Revenue Service

Short Form Request for Individual Tax Return Transcript

OMB No. 1545-2154

Request may not be processed if the form is incomplete or illegible.

Tip: Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge.

1a Name shown on tax return. If a joint return, enter the name shown first.

1b First social security number on tax return

2a If a joint return, enter spouse's name shown on tax return.

2b Second social security number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code

NO TAXABLE INCOME

4 Previous address shown on the last return filed if different from line 3

5 If the transcript is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

Third party name

GMAC Mortgage

Telephone number

1-800-766-4622

Address (including apt., room, or suite no.), city, state, and ZIP code

Attn: Loss Mitigation, 233 Gibraltar RD, Horsham, PA 19044

6 Year(s) requested. Enter the year(s) of the return transcript you are requesting (for example, "2009"). Most requests will be processed within 10 business days.

2011

2010

Caution. If the transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filled in line 6. Completing these steps helps to protect your privacy.

Note. If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS may notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a. If the request applies to a joint return, either husband or wife must sign.

Note. This form must be received within 60 days of signature date.

Sign
Here

Signature (see instructions)

Date

Telephone number of
taxpayer on line 1a or 2a

404 435 8000

Spouse's signature

Date

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 54185S

Form 4506T-EZ (10-2009)

Purpose of form. Individuals can use Form 4506T-EZ to request a tax return transcript that includes most lines of the original tax return. The tax return transcript will not show payments, penalty assessments, or adjustments made to the originally filed return. You can also designate a third party (such as a mortgage company) to receive a transcript on line 5. Form 4506T-EZ cannot be used by taxpayers who file Form 1040 based on a fiscal tax year (that is, a tax year beginning in one calendar year and ending in the following year). Taxpayers using a fiscal tax year must file Form 4506-T, Request for Transcript of Tax Return, to request a return transcript.

Use Form 4506-T to request the following.

- A transcript of a business return (including estate and trust returns).
- An account transcript (contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed).
- A record of account, which is a combination of line item information and later adjustments to the account.
- A verification of nonfiling, which is proof from the IRS that you did not file a return for the year.
- A Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.

Form 4506-T can also be used for requesting tax return transcripts.

Automated transcript request. You can call 1-800-829-1040 to order a tax return transcript through the automated self-help system. You cannot have a transcript sent to a third party through the automated system.

Where to file. Mail or fax Form 4506T-EZ to the address below for the state you lived in when that return was filed.

If you are requesting more than one transcript or other product and the chart below shows two different RAIVS teams, send your request to the team based on the address of your most recent return.

Where to mail . . .

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, California, Colorado, District of Columbia, Hawaii, Idaho, Iowa, Kansas, Maine, Maryland, Massachusetts, Minnesota, Montana, New Hampshire, New Mexico, New York, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Vermont, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888 559-456-5876
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	RAIVS Team Stop 6705-B41 Kansas City, MO 64999 816-292-6102

Signature and date. Form 4506T-EZ must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506T-EZ within 60 days of the date signed by the taxpayer or it will be rejected.

Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506T-EZ exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Privacy Act and Paperwork Reduction Act Notice.

We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506T-EZ will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 9 min.; **Preparing the form**, 18 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506T-EZ simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see Where to file on this page.

Billing Account Number	Bill Date	Total Amount Due	Total Amount Due Date	Past Due - Pay Immediately
003535759-3551789	02/15/2012	\$439.70	03/08/2012	\$239.19

Summary of Services: DIANE WALKER
 240 FAIRBROOK LN LOT 130

Prior Reading (Actual)	Current Reading (Actual)	CCF Used	BTU Factor	Therms	Price Per Therm
4355	4504	149	1.012	150.788	1.099
Prior Reading Date	Current Reading Date	Days of Service	Meter Number		
01/06/2012	02/03/2012	28	1245099		

AGLC Account # 462393399
 DDDC: 1.588

Price Plan: Pre-Pay

\$ Explanation of Charges

Previous Balance	\$399.19	
Payments Received	160.00 CR	
Balance Brought Forward		239.19
Current Gas Service Charges		
AGLC Base Charge	35.56	
GNG Customer Service Charge	8.99	
Gas Charge	165.72	
Sales Tax	14.72	
Debit Adjustments		
Late Charge	10.00	
Total Actual Gas Service Charges	234.99	
Pre-Pay Credit (Previously Charged)	117.28 CR	
Actual Charges less Pre-Pay Credit (Previously Charged)		117.71
Next Month's Pre-Pay Estimate		82.80

Total Amount Due: \$439.70

Please tear along perforation and return stub with your payment.



6750 0010 GH RP 15 02162012 YYNNNY 01 022548 0052

DIANE WALKER
 240 FAIRBROOK LN LOT 130
 STOCKBRIDGE, GA 30281-6034

Account Number	003535759-3551789
Total Amount Due Date	03/08/2012
Total Amount Due	\$439.70

Please make check payable to: GEORGIA NATURAL GAS

Amount Enclosed



PO BOX 105445
 ATLANTA, GA 30348-5445

Changes and Corrections

Check here if the name or address information is incorrect. Note all changes on the back of this form.

True Blue Notes®

Past Due Notice

Our records indicate you have a past due balance. To avoid further late charges and a deposit, please pay immediately. If your service is disconnected for nonpayment, your eligibility for price plans may be limited, and you may incur higher charges.

To Customers on the Pre-Pay price plan:

If you do not pay the Total Amount Due shown on your bill within 5 days of the Total Amount Due date, your account will be subject to disconnection. Refer to the enclosed notice for additional information.

Save 25% OFF H&R Block At Home™ - Exclusive to GNG Customers!

Tax season will be here before you know it! That's why we've joined forces with H&R Block to save you money. Get 25% off H&R Block At Home. Choose from three different programs based on your personal needs. For more information, visit www.hrblock.com/Partner/GNG.

For billing questions, call Customer Care:

Mon. - Fri. 7:00 am - 10:00 pm, Sat. 7:00 am - 7:00 pm
 770-850-6200 inside Atlanta
 1-877-850-6200 outside Atlanta
www.onlygng.com

To report a gas leak, call Atlanta Gas Light Company (AGLC):

770-907-4231 inside Atlanta
 1-877-427-4321 outside Atlanta

Payments:

Georgia Natural Gas
 P.O. Box 105445, Atlanta, GA 30348-5445

Comments and Inquiries:

Georgia Natural Gas
 P.O. Box 440667, Kennesaw, GA 30160-9512

For information on how to read your bill, see reverse side.



5970035357593551789 3 00043970

8920

THIRD PARTY AUTHORIZATION and AGREEMENT TO RELEASE

Please complete and return if you want us to speak with your Real Estate Agent, or any other designated third party on your behalf.

Account Number: 0601856320 Name: DIANE M WALKER RONNIE E WALKER
Property Address: 240 FAIRBROOK LANE STOCKBRIDGE GA 30281



Before you sign this authorization, please be aware that...

- There is never a fee to get assistance or information about the Making Home Affordable program from your lender or a HUD-approved housing counselor.
- Beware of any person or organization that asks you to pay a fee in exchange for housing counseling services or modification of a delinquent loan.
- Beware of anyone who says they can "save" your home if you sign or transfer over the deed to your house.
- Do not sign over the deed to your property to any organization or individual unless you are working directly with your mortgage company to forgive your debt.
- ONLY use HUD certified counseling agencies: Call **1.800.CALL.FHA** to find a HUD-certified housing counseling agency.
- Never make your mortgage payments to anyone other than your mortgage company without their approval.

I/we do hereby authorize (my lender/mortgage servicer) to release or otherwise provide to:

Name of _____ in his/her capacity as

Company Name

Relationship (if applicable) Phone Number Email Address

public and non-public personal financial information contained in my loan account which may include, but is not limited to, loan balances, final payoff statement, loan payment history, payment activity, and/or property information.

We, the lender/mortgage servicer, will take reasonable steps to verify the identity of the 3rd party authorized above, but will have no responsibility or liability to verify the true identity of the requestor when he/she asks to discuss my account or seeks information about my account. Nor shall we, the lender/mortgage servicer, have any responsibility or liability for what the requestor may do with the information he/she obtains concerning my account.

I/we do hereby indemnify and forever hold harmless the lender/mortgage servicer, from all actions and causes of actions, suits, claims, attorney fees, or demands against the lender/servicer which I/we and/or my heirs may have resulting from the lender/mortgage servicer discussing my loan account and/or providing any information concerning the loan account to the above named requestor or person identifying themselves to be that requestor

If you agree to this Authorization and the terms of the Release as stated above, please sign, date, and return with the Financial Analysis form

NOTE: No information concerning your account will be provided until we have received this executed document. The **authorization needs to be in the name of an individual (not a company)** and a form needs to be completed for each authorized individual. All parties on the Mortgage must sign.

Borrower Printed Name Borrower Signature Date

Co-Borrower Printed Name Co-Borrower Signature Date



Important Tips/Reminders

- The enclosed package encompasses requirements for all available programs, including the Government's Making Home Affordable program. For information and eligibility requirements under the Making Home Affordable program, visit www.makinghomeaffordable.gov website. **Please be aware we will not be able to process your request until all parts of the application have been completed and all supporting documentation has been supplied.**
- **Please continue to make your monthly payment.** If assistance is needed, it is recommended that you contact a credit counselor who is trained to guide you through your current financial situation. You can access www.hud.gov or call 800-225-5342 for more information regarding credit counselors.
- You may receive phone calls or letters from our office asking for a payment while we consider any options that might be available.
- All modifications require an escrow account for the payment of taxes and insurance. If your loan does not currently include an escrow account for the payment of taxes and insurance, one will be added.
- While being reviewed for a workout (other than the Making Home Affordable program), a fee to validate the value of the property may be assessed at your expense (approximate cost \$100 - \$150).
- As a condition of the modification, you may be required to enroll in an electronic payment program.

Frequently Asked Questions

How long will it take to process my modification request and determine if I qualify for the program?

- We will review your request as quickly as possible. Once the package is returned to our office, Loss Mitigation will contact you within **10** business days advising the package was received and notifying you if additional information is required.
- Within **30** days from the date a complete package is received, you will be notified whether the modification option is available to you.
- If you aren't eligible for a modification, the reason for denial will be provided.
- Please note, however, that your modification will not be effective unless you meet all of the applicable conditions.

I pay my car insurance on a semi-annually or annual basis. How should I list that?

Please make sure that the amount of the expense is broken down to a monthly premium amount.

Example: If the car insurance is \$500 for 6 months to determine the monthly premium divide \$500 by 6 months (\$83.33).

What information is needed on the form 4506T-EZ?

Please complete the following:

- Line(s)** **1a – 4:** List information as shown on your tax return
 5: Write the name, address, and telephone number shown on your monthly mortgage statement
 6: Write the year of the most-recent tax return you filed (Should be 2008 in most cases)

Be sure to sign the form where indicated.

The 4506T-EZ form states, "Caution: If the transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filed in line 6. Completing these steps helps to protect your privacy." What do I enter for those items?

All applicable blanks on the form need to be completed. This disclaimer is provided as a warning that line 6 must be completed prior to signing the form.



To ensure your request is processed without delay, it is important that you provide a complete package including all the supporting documentation and required signatures. You **MUST** sign all of the Acknowledgements and Agreements in this form. If you are unable to provide all the requested supporting documentation, please submit the application with the information you have available and we will provide a knowledgeable agent to assist you in compiling any missing documentation and guide you through the process.

**Exhibit A - 3 Month Self Employment Income Statement (Profit and Loss Form)**

This form may be used if you are self-employed or a 1099 wage earner only.

BORROWER'S NAME _____**Account Number** 0601856320

For each borrower who is self employed a Profit and Loss Statement is required for each business. If borrower has more than one business, we require a Profit and Loss Form for each business. The example document may be used to supply the required information.

Month and Year must be indicated. Use most recent consecutive months.	Month 1		Month 2		Month 3		Total
	Month _____	Year _____	Month _____	Year _____	Month _____	Year _____	
Sales			\$		\$		\$
Cost of Goods Sold			\$		\$		\$
Gross Profit			\$		\$		\$
Operating Expenses							
Advertising	\$		\$		\$		\$
Amortization	\$		\$		\$		\$
Auto Expenses	\$		\$		\$		\$
Bank Charges	\$		\$		\$		\$
Depreciation	\$		\$		\$		\$
Dues & Subscriptions	\$		\$		\$		\$
Employee Benefits	\$		\$		\$		\$
Insurance	\$		\$		\$		\$
Interest	\$		\$		\$		\$
Office Expenses	\$		\$		\$		\$
Payroll Taxes	\$		\$		\$		\$
Rent	\$		\$		\$		\$
Repairs & Maintenance	\$		\$		\$		\$
Salaries & Wages	\$		\$		\$		\$
Supplies	\$		\$		\$		\$
Taxes & Licenses	\$		\$		\$		\$
Telephone	\$		\$		\$		\$
Utilities	\$		\$		\$		\$
Other	\$		\$		\$		\$
Total Operating Expenses	\$		\$		\$		\$
Net Profit Before Taxes	\$		\$		\$		\$
Income Taxes	\$		\$		\$		\$
Net Profit After Taxes	\$		\$		\$		\$

Exhibit B – Investment Property Schedule**BORROWER'S NAME** _____**Account Number** _____

For each borrower who receives rental income from an investment property an Investment Property Schedule is required. If additional space is needed, please include an additional page.

Property Number	Property Street Address	Property City, State, and Zip Code	Number of Units (1, 2, 3, 4, or 5+)	Status Circle All That Apply R – Rented V – Vacant PS – Pending Sale F – In Foreclosure	Gross Monthly Rental Income	Monthly Mortgage Payment (excluding taxes and insurance)	Monthly Insurance and Taxes	Monthly HOA/Condo Dues (if applicable)
Primary Residence	N/A			R V PS F	\$	\$	\$	\$
2				R V PS F	\$	\$	\$	\$
3				R V PS F	\$	\$	\$	\$
4				R V PS F	\$	\$	\$	\$
5				R V PS F	\$	\$	\$	\$
6				R V PS F	\$	\$	\$	\$
Totals					\$	\$	\$	\$

10920



GMAC Mortgage

PO Box 780
Waterloo, IA 50704-0780

03/07/12

00003

DIANE M WALKER
RONNIE E WALKER
240 FAIRBROOK LANE
STOCKBRIDGE GA 30281

Property Address:

240 FAIRBROOK LANE
STOCKBRIDGE GA 30281

Dear DIANE M WALKER and RONNIE E WALKER:

We understand how difficult it may be to ask for help when you need it the most.

The best way to find out what options are available is to help us understand your financial situation by completing the attached application package, including all the required documentation. Upon receipt of the documentation we will assign a relationship manager to assist you throughout the process.

As an alternative, if you are experiencing any difficulty completing the full package you may complete this form by checking all of the appropriate boxes to the right. This will help us identify potential programs available to meet your needs. Once we have received this information, we will assign a Relationship Manager to personally help you through this process.

Once your relationship manager is assigned they will stay with you throughout the process and assist with all documentation needs as well as explain every step of the process.

We look forward to working through this with you.

Thank you.

Loan Servicing

Account Number 0601856320

Please check the box that best describes your situation.

I want to:

Keep the property ☒
Sell the property ☐

This home is:

Where I live ☒
Second Home ☐
Investment Property ☐

I, or a member of my family is or has been on active duty with our military ☐
You may be eligible for benefits and protection under the Servicemembers Civil Relief Act (SCRA)

I need help because I have/am...

A loss of income ☒
Increase in expenses ☐
Can't sell/rent my home ☐
Marital problems **divorced** ☒
Unemployed ☒
Incarceration ☐
Damage to the home due to hurricane, flood, earthquake, etc ☐
Death or illness of family member ☐
Other ☒

Fax this letter with your documentation attached to 1-866-709-4744 -or- Mail to: Loss Mitigation, 233 Gibraltar Rd., Suite 600, Horsham PA 19044

What is the best number/time to reach you? (404) 453 - 8000 Anytime

Consider all options. We will explore all options to help you keep your home. If you do not wish to stay in your home, we can help make your transition to a new home easier. Following is a brief description of available options:

- **Repayment Plan:** If you have experienced a temporary loss of income or increase in expenses but can now afford to make higher payments, we may be able to develop a repayment plan.
- **HAMP Modification:** This is an important Federal Program designed to assist you in obtaining an affordable mortgage payment. We will review your monthly income and housing costs – including any past due payments – and determine an affordable mortgage payment.
- **Other Loan Modifications:** If you are not able to make higher monthly payments but can still afford your current mortgage payment, we may be able to modify your loan.
- **Short Sale:** If the value of your home has declined, you may be able to sell it for less than the full amount due and eliminate your mortgage.
- **Deed in Lieu of Foreclosure:** If you have tried to sell your property for 90 days, you may be able to voluntarily return the deed to GMAC Mortgage to satisfy your debt and avoid foreclosure.

Notice Regarding Foreclosure Scams:

- There is never a fee to participate in or learn more about our Modification Programs. To locate a HUD-approved counselor, visit: <http://www.hud.gov/offices/hsg/sfh/hcc/fc/>
- Beware of any person or organization that asks you to pay a fee in exchange for housing counseling services or modification of a delinquent loan.
- Beware of anyone who says they can "save" your home if you sign or transfer over the deed to your house. Do not sign over the deed to your property to any organization or individual unless you are working directly with your mortgage company to forgive your debt.
- Never make your mortgage payments to anyone other than your mortgage company without their approval.

Please Note:

Documentation must be received 7 days prior to the scheduled foreclosure sale date. If your property is in the state of Florida, a complete package must be received 30 business days prior to the scheduled foreclosure sale date.

Notice regarding Bankruptcy: As we understand that you filed for bankruptcy and have received an Order of Discharge in a Chapter 7 proceeding, this letter is being sent to you for informational purposes only, it is not an attempt to collect a discharged debt and applies only to our lien interest on your property.

3/26/12

I, Edna Roberson will move in with my daughter Diane Walker to share responsibilities and to save her house. I will contribute ALL of my income combined with her income as long as needed.

Edna E Roberson

*** REC 2012083 130239 H61F54E0 \$ZGS CIPQYAG PQAG (F-\$ZG) ***

SOCIAL SECURITY ADMINISTRATION

Date: March 23, 2012
Claim Number: 421-52-2426A

EDNA E ROBERSON
5405 3RD COURT EAST
TUSCALOOSA AL 35405-5010

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2011, the full monthly
Social Security benefit before any deductions is.....\$ 827.20

We deduct \$99.90 for medical insurance premiums each month.

The regular monthly Social Security payment is.....\$ 727.00
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the fourth Wednesday of each month.

Information About Past Social Security Benefits

From December 2009 to November 2011, the full monthly
Social Security benefit before any
deductions was.....\$ 798.50

We deducted \$96.50 for medical insurance premiums each month.

The regular monthly Social Security payment was.....\$ 702.00
(We must round down to the whole dollar.)

13920

Other Important Information

BY SKM

If You Have Any Questions

If you have any questions, you may call us at 1-800-772-1213, or call your local Social Security office at 877-840-7902. We can answer most questions over the phone. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
STE 1200
2005 UNIVERSITY BLVD
TUSCALOOSA, AL 35401

If you do call or visit an office, please have this letter with you. It will help us answer your questions.

OFFICE MANAGER

SOCIAL SECURITY ADMINISTRATION
This is an official verification of
Social Security and/or SSI benefits.

Sh. H. H.
Signature

3/23/2012
Date

14 9020



809 University Blvd. E.
Tuscaloosa, AL 35401
205.759.7111

March 22, 2012

Re: Edna Roberson
[REDACTED]

To Whom It May Concern:

Please be advised that Ms. Roberson receives a monthly pension distribution of \$594.56 from the DCH Healthcare Authority Pension Plan. She will receive this benefit for the remainder of her life.

If you need additional information, please contact me at (205) 750-5035.

A handwritten signature in cursive script that reads "Wanda Nichols".

Wanda Nichols
Benefits Specialist

159020

Plan Number: 100091
 Plan Name: DCH PENS PL
 Employer Number: 636045869

Empl

Participant	Posting Date & Sequence #	Payable Date	Check Number	Gross Deduction Amount Code
ROBERSON, EDNA 421-52-2426	02/21/20120	02/21/2012	1254673	594.56 Total:
	03/20/20120	03/20/2012	1278570	594.56 Total:
2 ACH DEPOSIT OF PENSION PAYMENT				1,189.12
2 TOTAL PAYMENTS				1,189.12

Monica Ratchford
 Trust Administrator
 Regions Trust
 Phone: 205-264-5858
 Fax: 205-264-5866
 monica.ratchford@Regions.com
 1901 Sixth Avenue North - 4th Floor
 Birmingham, AL 35203
 P.O. Box 830859
 Birmingham, AL 35283-0859



From: Wanda Nichols <WNichols@DCHSYSTEM.COM>

3/21/2012



Energy to Serve Your World
RETIREE SERVICES
P.O. BOX 24989
JACKSONVILLE, FL 32241-4989

QUESTIONS? CALL 1-888-435-7563.

16-020

AT 01 003117 36372E 12 B**3DGT



DIANE WALKER
240 FAIRBOOK LANE
STOCKBRIDGE GA 30281-6034

ACCOUNT ID SOUTHERN--SCQGP
PLAN NAME SOUTHERN COMPANY PENSION PLAN

CORP9 PP003

PERIOD BEGINNING:
PERIOD ENDING:

PAYEE INFORMATION

PAYMENT DATE	CHECK NUMBER	PAYEE SOCIAL SECURITY NUMBER	NET PAYMENT
MARCH 01, 2012	450302453	***_**_****	655.57

PAYMENT DETAIL

PAYMENT SOURCES	Current	Year-to-Date	DEDUCTIONS	Current	Year-to-date
PENSION	657.47	1,972.41	AD & D	1.90	5.70
GROSS PAYMENT	657.47	1,972.41	TOTAL DEDUCTIONS	1.90	5.70

STOCKBRIDGE GA 30281-6034

ACCOUNT ID SOUTHERN--SCQGP
PLAN NAME SOUTHERN COMPANY PENSION PLAN

CORP9 PP003

PERIOD BEGINNING:
PERIOD ENDING:

PAYEE INFORMATION

PAYMENT DATE	CHECK NUMBER	PAYEE SOCIAL SECURITY NUMBER	NET PAYMENT
FEBRUARY 01, 2012	440302606	***_**_****	655.57

PAYMENT DETAIL

PAYMENT SOURCES	Current	Year-to-Date	DEDUCTIONS	Current	Year-to-date
PENSION	657.47	1,314.94	AD & D	1.90	3.80

12-12020-mg Doc 5926-1 Filed 11/18/13 Entered 11/22/13 11:56:52 Exhibit
SOUTHERN COMPANY
Energy to Serve Your World
RETIREE SERVICES
P.O. BOX 24989
JACKSONVILLE, FL 32241-4989

Documents in re: Mortgage Pg 20 of 25
QUESTIONS? CALL 1-888-435-7563.

17920

AT 01 003129 23464E 12 B**3DGT



DIANE WALKER
240 FAIRBOOK LANE
STOCKBRIDGE GA 30281-6034

ACCOUNT ID SOUTHERN--SCQGP
PLAN NAME SOUTHERN COMPANY PENSION PLAN

CORP9 PP003

PERIOD BEGINNING:
PERIOD ENDING:

PAYEE INFORMATION

PAYMENT DATE	CHECK NUMBER	PAYEE SOCIAL SECURITY NUMBER	NET PAYMENT
FEBRUARY 01, 2012	440302606	***_**_****	655.57

PAYMENT DETAIL

PAYMENT SOURCES	Current	Year-to-Date	DEDUCTIONS	Current	Year-to-date
PENSION	657.47	1,314.94	AD & D	1.90	3.80
GROSS PAYMENT	657.47	1,314.94	TOTAL DEDUCTIONS	1.90	3.80

18 8 20

RECEIVED IN OFFICE
HENRY COUNTY
SUPERIOR COURT

DEC 20 2010

CLERK OF SUPERIOR COURT

Recording requested by: Diane Walker

Space above reserved for use by Recorder's Office

When recorded, mail to:

Document prepared by:

Name: Diane Walker

Name Diane Walker

Address: 240 Fairbrook Lane

Address 240 Fairbrook Lane

City/State/Zip: Stockbridge, GA 30281

City/State/Zip Stockbridge, GA 30281

Property Tax Parcel/Account Number: 052C04038000

Quitclaim Deed

This Quitclaim Deed is made on December 15, 2010, between
Ronnie E. Walker, Grantor, of 240 Fairbrook Lane
City of Stockbridge, State of Georgia,
and Diane Walker, Grantee, of 240 Fairbrook Lane
City of Stockbridge, State of Georgia.

For valuable consideration, the Grantor hereby quitclaims and transfers all right, title, and interest held by
the Grantor in the following described real estate and improvements to the Grantee, and his or her heirs
and assigns, to have and hold forever, located at 240 Fairbrook Lane
City of Stockbridge, State of Georgia:

LL 52 - 6th District - LOT 130
Walden, Phase 3
PLAT 20 Pg 103-104

Subject to all easements, rights of way, protective covenants, and mineral reservations of record, if any.

Taxes for the tax year of 2010 shall be prorated between the Grantor and Grantee as of the date of
recording of this deed.

Documents in re: Mortgage Pg 22 of 25

TRANSMISSION VERIFICATION REPORT

TIME : 07/07/2011 13:18
NAME : MAIL&MORE
FAX : 7705072980
TEL : 7705072980
SER.# : 000J0N558277

DATE, TIME	07/07 13:17
FAX NO./NAME	18778186064
DURATION	00:01:26
PAGE(S)	05
RESULT	OK
MODE	STANDARD
	ECM

19 9 20

12-12020 mo

Dated: December 15, 2010

Ronnie E. Walker
Signature of Grantor

Ronnie E. Walker
Name of Grantor

Mike Zabetakis
Signature of Witness #1

Mike Zabetakis
Printed Name of Witness #1

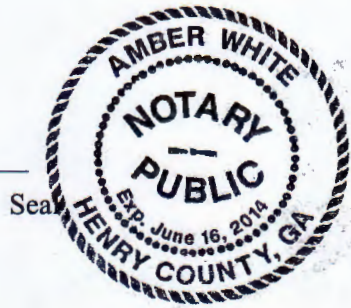
Judith H. Baird
Signature of Witness #2

JUDITH H. BAIRD
Printed Name of Witness #2

State of Georgia County of Henry
On December 20th, 2010, the Grantor, Ronnie E. Walker,
personally came before me and, being duly sworn, did state and prove that he/she is the person described
in the above document and that he/she signed the above document in my presence.

Amber White
Notary Signature

Notary Public,
In and for the County of Henry State of Georgia
My commission expires: June 16, 2014



Send all tax statements to Grantee.

MAR 10 2011

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION

IN RE: : CASE NO. 11-50654-JB
DIANE M. WALKER, :
Debtor. : CHAPTER 7

ORDER

Before the Court is the motion by the Debtor, Diane M. Walker, to voluntarily dismiss Kim J. King as counsel for the Debtor. The motion is hereby GRANTED.

Debtor is directed to notify the Court within twenty-one (21) days of the entry of this Order of Debtor's appointment of another attorney or debtor's decision to proceed *pro se*. The Debtor is further directed to provide the Court with the address and telephone number of the newly appointed attorney or of Debtor's own address and telephone number if Debtor elects to proceed *pro se*.

IT IS SO ORDERED, this 9th day of March, 2011.


JOYCE BIARY
UNITED STATES BANKRUPTCY JUDGE

DISTRIBUTION LIST

Diane M. Walker
240 Fairbrook Lane
Stockbridge, GA 30281-6034

Kim J. King
Kim J. King & Associates, P.C.
3192 Evelyn Street
P.O. Box 2519
Tucker, GA 30085-2519

Cathy L. Scarver
P.O. Box 672587
Marietta, GA 30006

Office of the United States Trustee
362 Richard Russell Building
75 Spring Street, SW
Atlanta, GA 30303